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Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

AUG 31 2021

ADMINISTRATIVE ORDER

No. 2021- 0043

SUBJECT : **Omnibus Guidelines on the Minimum Public Health Standards for the Safe Reopening of Institutions**

I. RATIONALE

A year after the World Health Organization's (WHO) declaration of the Coronavirus Disease 2019 (COVID-19) as a Global Pandemic followed with the issuance of Proclamation No. 922, or the State of Public Health Emergency, and Proclamation No. 1021, or the State of Calamity throughout the Philippines the health, economic, political, cultural, and societal consequences have affected various aspects of our daily life, including, but not limited to, travel, trade, tourism, food supplies, and financial markets.

The safe reopening of the Philippine economy is vital in addressing the enormous revenue loss brought about by the pandemic, as this encompasses promoting economic activity while mitigating the risk of infection spread. Emphasis on the adherence to the minimum public health standards to prevent COVID-19 resurgence following the unrestricted reopening of the different sectors of the economy.

This issuance supersedes the existing guidelines, Department of Health (DOH) Administrative Order No. 2020-0015 "*Guidelines on the Risk-Based Public Health Standards for COVID-19 Mitigation*" and complements the DOH Department Memorandum No. 2020-0512, otherwise known as *Revised Omnibus Interim Guidelines on Prevention, Detection, Isolation, Treatment and Reintegration Strategies for COVID-19*. These shall set the guidelines for sectoral planning on the implementation of Non-Pharmaceutical Interventions (NPIs) as minimum public health standards to mitigate the threat of COVID-19 and guide all sectors to adapt towards the safe reopening of the Philippine economy.

II. OBJECTIVE

This Order shall prescribe the minimum public health standards following the Prevent, Detect, Isolate, Treat, Reintegrate and Vaccinate (PDITR+) strategies to be implemented across all settings as the guide for the safe reopening of the different sectors of the economy.

III. SCOPE OF APPLICATION

This Order shall apply to all entities and establishments, including households and communities, workplaces in both the private and public sector, schools and other educational establishments, transport terminals, private and public transport vehicles, outdoor and indoor

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public spaces, leisure centers, sports centers, national government agencies (NGAs) such as the Department of the Interior and Local Government (DILG), Department of Labor and Employment (DOLE), Department of Tourism (DOT), Department of Transportation (DOTr), Department of Trade and Industry (DTI), Philippine National Police (PNP), local government units (LGUs), and all others concerned.

IV. DEFINITION OF TERMS

Please refer to Annex A (<https://bit.ly/AnnexADefTerms>)

V. GENERAL GUIDELINES

- A. Implementation of the Prevent, Detect, Isolate, Treat, Reintegrate and Vaccinate (PDITR+) strategies shall remain to be the cornerstone of response to prevent further transmission and shall be a shared responsibility of the NGAs, LGUs, private sector, and the general public as cited in the Interagency Task Force for Emerging and Infectious Diseases (IATF-EID) *Omnibus Guidelines on the Implementation of Community Quarantine in the Philippines with Amendments as of August 6, 2021* and its succeeding policies.
- B. The National Action Plan Against COVID-19 (NAP-COVID19) of the IATF-EID and National Task Force Against COVID-19 guides the overall implementation of the PDITR+ strategies. The Four (4) Door Strategy of the NAP-COVID19 underscores the strengthening of the PDITR+ strategies to prevent further local transmission of the variants of concern:
 - 1. Door 1 or Point of Origin enforces core activities set on the principles of implementing strict border controls for travelers from other high risk countries and travel bans as a primary level of defense.
 - 2. Door 2 or Point of Entry ensures safeguards are implemented such as screening, testing and quarantine at points of entry to prevent entry and contain spread of COVID 19 virus and its variants
 - 3. Door 3 or Point of Care involves strengthening the implementation of the PDITR+ strategies and vaccination to prevent further local spread of COVID-19.
 - 4. Door 4 or Wide-scale Community Transmission focuses on enhanced PDITR+ to prevent our healthcare system from being overwhelmed.
- C. All concerned entities shall base their COVID-19 Response and Mitigation Strategies on the exposure risk severity of the community, as guided by the IATF-EID and Department of Health (DOH) risk classification levels, and the exposure risk rating of the nature of work or activities involved. The risk assessment shall be done across all settings in developing local and internal guidelines for commensurate action, especially for high-risk personnel and activities. Please refer to Annex B.
- D. In reference to DOLE-DOH-DILG-DOT-DTI Joint Memorandum Circular No. 21-01 also



known as *Implementing Guidelines of the Safety Seal Certification Program*, the Safety Seal Certification is a voluntary certification program that affirms that an establishment is compliant with the minimum public health standards and in line with the PDITR+ strategies set by the government and uses or integrates its contact tracing with StaySafe.PH or any national and certified digital contact tracing application integrated with StaySafe.PH. This shall be issued by their respective issuing authority as a supporting guideline of this Order in the safe reopening of institutions. (Please refer to <https://safetyseal.dilg.gov.ph/>)

- E. Surveillance, contact tracing, quarantine, isolation, and testing activities across the different settings shall endeavor to meet the targets identified in Administrative Order No. 2020-0016 also known as *Minimum Health System Capacity Standards for COVID-19 Preparedness and Response Strategies*, and Department Memorandum No. 2020-0512 or the latest national guidelines.
- F. All concerned entities in government, private sector, and communities shall endeavor to achieve the minimum public health standards set for in this issuance across the PDITR+ strategies, and adopt the same with specific sector-specific detailed guidelines. All concerned entities shall conduct an internal assessment to monitor and evaluate its current implementing strategies and prioritize action on areas with gaps. Please refer to Annex C for the sample checklist for PDITR+ strategies across all settings.
- G. The DOH shall provide technical assistance, capacity & capability building, and learning & development interventions to other NGAs, to LGUs, institutions, and other relevant stakeholders through its Centers for Health Development (CHDs) for the updating of localized guidelines consistent with this issuance.
- H. All entities shall ensure reporting of suspect, probable, and confirmed COVID-19 cases and their close contacts to the LGU and the Department of Health within 24 hours, as indicated in Republic Act No. 11332, otherwise known as, *Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act*, consistent with provisions on the protection of individual data under Republic Act No. 10173 or the *Data Privacy Act of 2012* during reporting and referral.
- I. COVID-19 Vaccination shall remain an essential strategy as part of the implementation of the Prevent, Detect, Isolate, Treat, Reintegrate and Vaccinate (PDITR+) strategies, which is the cornerstone of the country's response to prevent further transmission. All employers shall promote COVID-19 vaccination to their employees, regardless of employment status, based on the Omnibus Guidelines on the National Deployment and Vaccination Plan for COVID-19 .
- J. The NGAs in cooperation with the LGUs shall strengthen and improve existing policies and mechanisms that aid vulnerable individuals (*such as the homeless, unemployed, low-income households, indigenous people*) and their families in need of financial

assistance and other support services in order for them to be able to comply with minimum public health standards set by this Order. Financial support to affected firms, especially micro, small and medium enterprises (MSMEs), shall also be considered to prevent further job losses and bankruptcy. Please refer to Annex D for the list of some of the policies that can be used as reference for the provision of assistance and support.

VI. IMPLEMENTING MECHANISM

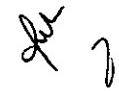
A. Prevention Strategies Across All Settings

1. **Engineering controls.** All concerned entities shall install and provide appropriate engineering controls as appropriate in their setting. Engineering controls involve physical interventions or engineering modification of the facility or building and/or work processes to prevent or minimize exposure to the hazard, shall include but shall not be limited to the following:
 - a. Maintain physical distancing or spacing through the installation of physical barriers in enclosed areas where physical distancing may be compromised, i.e. sneeze guards (Acrylic Plastic Sheets), fixed glass panels, theater ropes and stanchions, hazard warning tape, etc.
 - b. Ensure adequate air exchange in enclosed (indoor) areas thru the following strategies as cited in DOLE Department Order No. 224-21 *Guidelines on Ventilation for Workplaces and Public Transport to Prevent and Control the Spread of COVID-19*:
 - i. Maximize natural ventilation through open windows
 - ii. Use low-cost modifications to improve air flow i.e. addition of fans or exhaust fans
 - iii. Identify multi-occupant spaces that are used regularly and are poorly ventilated. Air flow shall be controlled to ensure indoor CO₂ concentrations be maintained at-or below-1,000 ppm in schools and 800 ppm in offices. Since outdoor CO₂ concentration directly impacts the indoor concentration, it is critical to measure outdoor CO₂ levels when assessing indoor concentrations. Indoor CO₂ levels shall not exceed the outdoor concentration by more than about 600 ppm.
 - iv. Installation and regular maintenance of exhaust fans and air filtration devices with High-Efficiency Particulate Air (HEPA) filters
 - c. Installation of hand hygiene and sanitation facilities, and provision of materials such as the following:
 - i. Adequate and safe water supply
 - ii. Hand washing station or sink
 - iii. Soap and water or 70% Isopropyl (or Ethyl) Alcohol

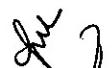
- iv. Hands-free trash receptacles, soap and towel dispensers, door openers, and other similar hands-free equipment
- d. Separate Entry and Exit points in high traffic areas
 - i. Use of unidirectional markers
 - ii. Installation of signages for queuing and unidirectional movement
 - iii. Sectioning
 - iv. Queueing
 - v. Footbaths are not recommended
- e. Establishment of a Screening or Triage area at different points-of-entry:
 - i. Health Declaration or Symptom Assessment
 - ii. Non-contact Temperature Check
 - iii. Isolation area near points-of-entry for symptomatic individuals
- f. The use of foot baths, disinfection tents, misting chambers, or sanitation booths for preventing and controlling COVID-19 transmission are not recommended even for individuals in full PPE (e.g. pre-doffing misting) in accordance with DOH Department Memorandum 2020-0157 *Guidelines on Cleaning Disinfection in Various Settings as an Infection Prevention and Control Measure Against COVID-19* and its amendment 2020-0157-A.

Use of ionizing filters and UV lamps outside the health facility setting are not recommended by Philippine COVID-19 Living Recommendations.

- g. Installation of visual cues or signages to communicate:
 - i. Physical distancing of at least one meter distance
 - ii. Cough and sneeze etiquette
 - iii. Proper hand hygiene and control
 - iii.a Face, eyes, nose, and mouth shall not be touched
 - iii.b Thorough handwashing with soap and water for 20-30 seconds
 - iii.c In the absence of soap and water, use alcohol-based hand sanitizer ($\geq 60\%$ alcohol) or isopropyl (or ethyl) alcohol. Hand sanitizer is not a replacement for good hand hygiene.
 - iv. Proper use and disposal of PPE
 - v. Other critical reminders in the PDITR+ strategy and BIDA Solusyon (bit.ly/BIDAPartners)
- h. Facility for proper storage, collection, treatment, and disposal of used PPE and other infectious waste
 - i. Storage
 - i.a Designate an isolated area for containment/storage of the leak-proof yellow trash bag/container with used PPE
 - i.b Secure the storage area so it is not frequented by the personnel



- ii. Collection, Treatment, and Disposal
 - ii.a Dispose of all used PPE in a separate leak-proof yellow trash bag/container with a cover properly labeled as “USED PPE”
 - ii.b Collect the leak-proof yellow trash bag/container regularly or twice a day (before and after working day) from designated/specific area to the general collection area for treatment and disposal
 - ii.c Require the utility staff to wear a medical-grade face mask and puncture-proof gloves when collecting/handling the leak-proof yellow trash bag/container
 - ii.d Treatment through disinfection or spraying of the collected wastes with a chlorine solution (1:10) in accordance with DOH Department Memorandum No. 2020-0157
 - ii.e Disposal of the disinfected PPE with general waste to the final disposal facility.
 - i. The DOH and the national government shall adopt recommendations of the Philippine COVID-19 Living Recommendations based on the best evidence available in scientific literature at the time of its formulation (Please refer to bit.ly/PSMIDLCPG). As a living guideline, recommendations shall be updated through a Department Memorandum or Department Circular, as the evidence evolves.
2. **Administrative controls.** All entities and establishments shall install and provide appropriate administrative controls as appropriate in their setting. Administrative controls such as governance structures and operational policies shall include but shall not be limited to the following:
- a. **Designate COVID-19 Response Teams and Safety and Health Officers** which shall perform the following key functions:
 - i. Ensure, monitor, and evaluate proper implementation and strict observance of minimum public health standards within their respective institutions
 - ii. Effectively orient and constantly provide reminders to occupants regarding minimum public health standards, in coordination with management and LGUs for immediate action
 - iii. Provision of the appropriate personal protective equipment (PPE) to occupants or employees
 - iv. Develop policies to sanction non-compliance to use of PPE in the workplace or institution
 - v. Conduct daily health and exposure screening
 - vi. Isolate and test identified suspect cases
 - vii. Lead the conduct of contact tracing, especially in the workplace or establishments, and their quarantine and, as needed, testing



- viii. Lead the investigation of the source and underlying cause of COVID-19 transmission, up to the capacity they can provide in conducting an investigation
 - ix. Report detected cases and close contacts to the LGU and DOH based on Department Memorandum 2020-0227 *Intensification of Case Investigation, Contact Tracing, Reporting and Deployment of COVID-19 Special Team/s for Urgent Response to Stop COVID-19 Transmission* guidelines of the DOH
 - x. Conduct regular re-orientation and health education and promotion activities using the BIDA campaign principles.
 - xi. Manage the directory of point persons for BHERTS, LESU, and RESU, and coordinate for activities like isolation, testing and management of employees.
- b. **Conduct internal risk exposure assessment** through walk-through inspection to identify choke points and high-risk areas for mass gatherings, frequently visited areas, highly touched surfaces, and other high-risk areas such as, but not limited to:
- i. Entrance and exit points
 - ii. Small and confined spaces
 - iii. Space with limited ventilation
 - iv. Restrooms
 - v. Pantries and dining areas
 - vi. Hallways
 - vii. Elevators
 - viii. Escalators and stairs
 - ix. Other enclosed areas
 - x. Shuttle services or Transportation to residence or dormitories
 - xi. Dormitories or Accommodation
 - xii. Other areas as identified by the agency and/or its management
- c. Ensure adequate provision of personal protective equipment to all employees, regardless of employment status, such as:
- i. Cloth or surgical masks, or face shield as necessary
 - ii. Gloves and other appropriate PPE for all personnel tasked to do regular cleaning and disinfection of the workplace or institution
- d. **Reduce physical capacity in entities and business establishments** through the following measures:
- i. Maximize remote work arrangements or Work-From-Home scheme as much as possible, especially for groups at higher risk for severe disease and death from COVID-19 such as senior citizens or adults with comorbidities.

- ii. Develop mechanisms for provision of internet and communication technologies, such as but not limited to, communication and energy allowances or subsidies, and the like.
 - iii. For work to be done on-site, develop alternative work arrangements (AWA) that shall target reduction of onsite-office staff dependent on the latest guidelines set by the national government (e.g. maximum of 50% capacity during GCQ, and maximum of 30% capacity during instances of high risk of COVID-19 transmission, unless otherwise indicated). AWA that limits exposure across other groups of the workplace or institution such as a team-based approach is preferred. Arranged transportation for workers such as provision of shuttle services is recommended.
- e. Use of Digital Tools**
- i. To enable work, the new standard of practice shall use innovative digital technologies, such as but not limited to, digital platforms for administration processes, equipment such as personal laptops, access to web conferencing platforms, and communications allowances.
 - ii. To reach clients and customers through the following innovative interventions, such as but not limited to, online or mobile platforms to receive the establishment's services.
- f. Guidelines and Monitoring Mechanism Limiting Unnecessary Gatherings** (e.g. face-to-face meetings, crowding in common areas, group activities, eating together)
- i. Scheduling or clearance process for use of meeting rooms and other common areas
 - ii. Limit the entry of visitors or entertain only on scheduled visits
 - iii. Use of plated meals as standard means of food packaging
 - iv. Limit use of pantries and dining areas especially in those without physical barriers or ventilation
- g. Availability and adequacy of public and private shuttle services or transportation modes to and from work**
- i. Observe reduced capacity in compliance to the standards set by the Department of Transportation and other relevant national guidelines
 - ii. Conduct proper health screening prior to entry to the vehicle
 - iii. Documentation per passenger per trip to enable contact tracing
 - iv. Schedule shuttles to designated groups or bubbles to limit the number of possible contacts, as much as possible
 - v. Develop mechanisms for provision of other safe and innovative modes of transportation, such as but not limited to, gas allowances or subsidies, and the like



h. **Disinfection** shall adhere with the provisions outlined in DOH Department Memorandum No. 2020-0157, its amendments and *Cleaning and disinfection of environmental surfaces in the context of COVID-19* by the WHO, which include the following actions at the minimum:

- i. Develop a routine schedule for disinfection such as at least twice a day cleaning and disinfection for high contact surfaces; such as telephones, printers, biometric machines, copiers, physical barriers, etc.
 - ii. Disinfect specific operations, facilities, and/or work areas depending on their use
 - iii. Use Food and Drug Administration (FDA) - approved disinfectants such as:
 - iii.a Sodium hypochlorite recommended ratio of 0.1% (1000 ppm) for regular disinfection, and recommended ratio of 0.5% (5000 ppm) for body fluids
 - iii.b Ethanol in all surfaces at a recommended ratio of 70-90%, or
 - iii.c Hydrogen peroxide in all surfaces at a recommended ratio of >0.5%
 - iv. Developing lockdown disinfection protocols such as having a 24-hour lockdown period for disinfection, only after which can it be opened for use to other personnel or occupants
- i. Employers shall be encouraged to establish flexible policies on the provision of sick leaves and health benefits.

3. **Personal Protective Equipment.** All concerned entities shall use the appropriate personal protective equipment (PPE) in their setting, and monitor implementation and compliance following DOH Department Memorandum No. 2020-0346, otherwise known as *Advice on the Use of Masks During the COVID-19 Pandemic*. PPE protocols shall include but shall not be limited to the following:

- a. All persons shall wear well-fitted face masks and face shields, if necessary, especially in public areas and enclosed spaces
- b. Medical grade masks are recommended for healthcare workers, vulnerable populations (elderly, with comorbidities, immunocompromised), all persons with any symptoms suggestive of COVID-19 (even if mild), and the general population in high transmission risk settings based on their community risk or nature of work.
- c. All persons with any symptoms suggestive of COVID-19, even if mild, as well as vulnerable populations (elderly, with comorbidities, immunocompromised), shall wear a medical-grade mask. Use of cloth face masks is not recommended in view of rising cases of COVID-19 in the



country. However, if a medical grade mask or surgical mask is unavailable, wearing of two cloth masks could be an alternative.

- d. Individuals who are at risk of suffocation (children under the age of two, persons with breathing problems, persons who are unconscious, incapacitated, or otherwise unable to remove their mask on their own) are not recommended to wear masks. As an alternative, they may wear well-fitted face shields instead. Per CDC recommendation, well-fitted face shields should wrap around the sides of the face and extend below the chin.
- e. Gloves and other appropriate PPE shall be used in performing activities such as cleaning and disinfection.
- f. Reiteration of the minimum public health standards for COVID-19 shall be done by the Safety and Health Officers. If there is an increase in non-compliance to such instructions, it shall be determined if a formal training or convening of the employees is necessary to deliver adequate information to improve compliance.

B. Detection Strategies Across All Settings

1. Active surveillance

- a. Safety and Health Officers shall conduct daily monitoring of temperatures, symptoms, absences, and positive cases and clusters, which shall be consolidated by management to track ongoing transmission within the setting
- b. Establishments may develop active surveillance mechanisms that include testing of employees that are at high risk given the nature of their work, such as workers who cannot dutifully meet minimum public health standards, or in areas with frequent clusters of symptoms, absences, or positive cases, subject to established and evidence-based protocols and guidelines on testing.

2. Contact Tracing

- a. All agencies and establishments are encouraged to promote the use of the StaySafe.ph application, or any national and certified contact tracing application integrated with the same, in the conduct of contract tracing activities, as per DOLE-DOH-DILG-DOT-DTI Joint Memorandum Circular No. 21-01.
- b. Upon identification of a suspect, probable, or confirmed case, the designated Safety and Health Offices shall initiate contact tracing within the office/floor/building to identify 70% of all possible close contacts within 24

hours and 100% within 48 hours. Contact tracing shall also commence for contacts of suspect cases upon identification while waiting for specimen collection for SARS-CoV-2 diagnostic testing or RT-PCR results. Identification of second and third - generation close contacts is highly encouraged.

- c. The Safety and Health Officer shall notify the contacts of suspect cases and advise them to self-monitor and adhere to stringent minimum public health standards. If the suspect case turns out to be probable or confirmed, their contacts shall be instructed to undergo quarantine or isolation, whichever is appropriate.

3. Reporting

- a. The Safety and Health Officer shall submit the list of all cases and close contacts to the general manager and their respective LGU and DOH for reporting, including investigation details on sources of transmission.
- b. The Case Investigation Form (CIF) Version 9, or its subsequent versions, shall be utilized by all laboratories, LGUs, and other disease reporting units (DRUs) as the standard form for COVID-19 notifiable disease reporting as per Department Memorandum 2021-0285, also known as the *Implementation of the Use of the COVID-19 Case Investigation Form Version 9*. (Please refer to <https://tinyurl.com/cifversion9>)

4. Lockdowns

- a. Lockdowns shall be used to facilitate disinfection and immediate contact tracing to guide isolation and quarantine decisions of personnel involved.
- b. Building (or floor) lockdowns shall be implemented by the respective institutional authorities (i.e. Administrative Services, Executive Board, etc.) and shall be done to facilitate disinfection of common areas such as stairways and corridors when clustering is reported in two (2) or more rooms / offices in that building.
- c. Granular Lockdowns in the community, down to the level of the barangay, shall be implemented by local government unit authorities consistent with the latest national or IATF guidelines. "Granular Lockdown" are Micro-level quarantine, singularly or collectively, in the level of barangay, block, purok, street, subdivision/ village, residential building, or house, that are tagged as "critical zones (or CrZ)" by the DILG and Regional Inter-Agency Task Force (RIATF).

- d. National government, local government, and establishments shall provide assistance to those affected by lockdowns depending on needs, whether in cash or in kind.

5. Standardized Testing Protocols

- a. Screening and diagnostic testing consistent with national COVID-19 guidelines shall be provided for free to all Filipinos based on Philhealth Circular No. 2020-0017 entitled *Benefit Package for SARS-COV-2 testing using RT-PCR (Revision 1)*.
- b. To maximize the national testing capacity of all public and private testing laboratories, the DOH Centers for Health Development and the local government shall consider entering into a Memorandum of Agreement with private laboratories for the provision of testing services, provided that cost per test shall be within the range of acceptable price cap. Subsidy can be through in kind (i.e. supply of reagents, consumables, and etc.) or additional funds.
- c. COVID 19 testing shall be done using different types of testing modalities with validated sensitivity and specificity for detecting SARS-COV-2 virus.
 - i. The RT-PCR shall remain as the reference standard confirmatory test, positioned at the higher hierarchy of diagnostic platforms.
 - ii. Other technologies and techniques shall also be used such as cartridge based PCR, pooled testing, saliva-based RT PCR, SARS-COV-2 antigen rapid diagnostic testing (RDT), and etc. Supplemental guidelines shall be issued regarding current and new testing platforms and technologies.
 - iii. The use of the rapid diagnostic test (RDT) as a complementary test to RT- PCR shall be allowed for screening and diagnostic testing of suspect, probable, including symptomatic and asymptomatic close contacts who fit the updated WHO case definitions in hospitals or community settings when RT-PCR capacity is insufficient or not immediately available, and in areas with suspected or confirmed outbreaks:
 - iii.a. In the hospital setting where the turnaround time is critical to guide patient cohort management, or
 - iii.b. In the community during suspected or confirmed outbreaks for quicker case finding
 - iii.c. Only antigen RDT with FDA special certification or FDA registered with a minimum sensitivity of 80% and specificity of 97% in conformity with HTAC specifications shall be used.
 - iii.d. To ensure accuracy and reliability of antigen RDT results, the sensitivity and specificity of antigen RDT shall be validated by any of the following institutions:

- iii.d.1 RITM - the list of RITM evaluated antigen RDT kits can be accessed in this link <https://bit.ly/ritmkitevaluation>
- iii.d.2 WHO Emergency Use Listing (EUL) for In Vitro Diagnostic (IVDs) Detecting SARS-COV-2- the list of IVDs with WHO EUL can be accessed through this link <https://bit.ly/WHOEULIVDs>
- iii.d.3 WHO FIND- the list of WHO FIND evaluated antigen RDT kits can be accessed through this link <https://www.finddx.org/sarscov2-eval-antigen/>
- iii.d.4 Other reputable international laboratories; and local laboratories authorized by RITM
- iii.d.5 Use and interpretation of antigen tests should only be at the direction of a qualified licensed healthcare professional and should always be correlated with the overall clinical and epidemiological context (i.e. history of exposure). Results must also be reported by the LGUs and other disease reporting units to the LGU and DOH as per existing DOH guidelines.
- iii.d.6 The use of FDA unregistered antigen RDT kits or unvalidated by reputable institutions above is not recommended.
- iv. The use of antibody tests detecting IgM and using lateral flow immunoassay (LFIA) to determine COVID-19 seroprevalence among adults is not recommended. In accordance with DOH Department Circular No. 2020-0160 otherwise known as "*Guidance on the Use of COVID-19 Rapid Antibody-based Test Kits*", all rapid antibody-based test kits cannot be used as a stand-alone test to definitively diagnose COVID-19. These can be used as an adjunct tool which can serve as a basis for clearing patients who are asymptomatic and have completed their 14-day quarantine after they have been discharged from the health facility.

d. Specimen Packaging and Transport

- i. In order to minimize the risks posed during local transport of specimens from a specimen collection facility to a COVID 19 testing facility or to a reference laboratory the following mitigation measure should be implemented:
 - i.a. Specimens must be packaged and transported in accordance with the DOH HFDB Manual on Packaging and Transport of Laboratory Specimen for Referral (<https://bit.ly/3kerelM>) and the RITM BRMO Interim Biosafety Guidelines for Laboratories Handling and Testing SARS-COV-2 (COVID 19) Specimen Version 2 March 15, 2020 (<https://bit.ly/2UDmqgP>)
 - i.b. Shipper, carrier, and the receiving laboratories must be properly trained, to ensure familiarity and compliance with the local and

international regulations related to transport of infectious specimens including that of COVID-19.

- i.c. COVID-19 specimens transported locally shall be handled only by trained laboratory personnel or authorized representatives of the hospital, clinic, or any licensed COVID-19 specimen collection facilities.
- i.d. Laboratory personnel or authorized representatives must know the procedures and have demonstrated ability to execute response/emergency communication plans and other related contingency measures in case of a biological spill or accidents/incidents that could occur during transport.
- i.e. An official/dedicated motor vehicle must be used to transport COVID-19 specimens and other laboratory specimens.
- i.f. Improperly packaged samples, transactions carried by untrained/unauthorized individuals, uncoordinated transactions, and unidentified packages shall be rejected for testing by any COVID-19 testing laboratories.
- i.g. Any transport related incidents must be reported to the immediate laboratory supervisor and documented in accordance with institutional guidelines.

e. Releasing of COVID 19 Laboratory Results

- i. All positive PCR laboratory results shall be released by COVID-19 laboratories as "SARS-COV-2 VIRUS DETECTED".
- ii. All negative PCR laboratory results shall be released by COVID-19 laboratories as "SARS-COV-2 VIRUS NOT DETECTED".
- iii. Interpretation of laboratory results shall be correlated with clinical manifestations and epidemiological context of tested individuals.
- iv. Routine use of CT values to inform clinical decision making using qualitative RT-PCR or cartridge-based PCR laboratory results shall not be advised.

f. Right Test at the Right Time Principle

- i. For asymptomatic close contacts of probable or confirmed COVID-19 cases, RT-PCR testing shall be done 5 to 7 days from exposure. If limited test kits are available, the following conditions shall be prioritized:
 - i.a Age is >60 years old and/or they have a comorbidity,
 - i.b There are sufficient RT-PCR testing kits
 - i.c Enough human resources for additional contact tracing
- ii. For mild or moderate suspect or probable COVID-19 cases, RT-PCR test shall be done immediately if RT-PCR test is available in a nationally accredited laboratory. If not and a rapid antigen test is available, rapid antigen test shall be performed.

- iii. For severe and critical suspect or probable COVID-19 cases, patients must first be stabilized prior to testing. Once stable, RT-PCR test shall be done if RT-PCR test is available in a nationally accredited laboratory. If not and a rapid antigen test is available, rapid antigen test shall be performed.

g. Specimen Collection Procedures

- i. If a close contact, suspect, or probable case is symptomatic and detected while he/she is at work, they shall be immediately isolated and assisted for testing rather than sent home for scheduling of testing with laboratories.
- ii. For fully vaccinated individuals who are close contacts of probable and confirmed COVID-19 cases, RT-PCR Test may be done not earlier than the fifth day after the date of the last exposure. But if they have been traced beyond the 14th day from last exposure and remained asymptomatic, no testing and quarantine shall be required. Should the RT-PCR Test yield a positive result, or he/she becomes symptomatic, he/she shall follow the prescribed testing and isolation protocols.
- iii. Specimen collection shall only be performed by personnel/swabber trained on SARS-COV-2 virus specimen collection using appropriate PPE.
- iv. The private workplace areas can be considered as a strategic position where specimen collection booths can be installed temporarily or permanently, provided they are registered to the LGU or DOH with guidance from DC 2020-0325 *Interim Guidelines in the Requisition of COVID-19 Testing Supplies for DOH Licensed COVID-19 Testing Laboratories and Swabbing Sites*, strictly enforcing infection control procedures, and operating with a trained swabber.
- v. All specimen collection sites shall enforce strict implementation of infection control procedures to prevent mix infection or spread of infection.
- vi. The DOH and LGUs shall ensure appropriate funding for transport of specimens. Triple packaging systems shall be observed, and International Air Transport Association (IATA) guidelines must be followed for air transport.
- vii. Selection of samples from Returning Overseas Filipinos (ROFs) and local clusters to be sent for Whole Genome Sequencing (WGS) to the University of the Philippines-Philippine Genome Center (UP-PGC) shall follow the sampling methodology as set by the Department of Health Epidemiology Bureau. All samples shall be transported in an ice box following the Basic Triple Packaging System. Sample storage, handling and transport and sample line list submission shall follow existing guidelines of the DOH.

viii. Reporting of total specimens/ swab performed and type of specimen collected to the LGU and DOH shall be done regularly. This shall be the basis for the provision of specimen collection kit supply to facilities.

C. Isolation / Quarantine Strategies Across Various Settings

1. **Isolation Room in Establishments.** As applicable, an isolation room / area shall be installed for symptomatic individuals and once identified as a suspect COVID-19 case shall be reported to the Barangay Health and Emergency Response Team (BHERT) immediately for proper observance of COVID-19 protocols. *DTI-DOLE Joint Memorandum Circular (JMC) No. 20-04-A*, entitled “*DTI And DOLE Supplemental Guidelines On Workplace Prevention And Control Of Covid-19*”, specifies that large and medium private establishments (i.e. with total assets of above Ph15M) and establishments with multiple tenants are mandated to designate an isolation area of one room for every 200 employees, which shall be other than the company clinic, and must be situated near the entrance/s or in a nearby facility, for employees needing further assessment due to any of the following:
 - a. elevated temperature,
 - b. presence of flu-like symptoms,
 - c. any yes/ confirmatory answer to the Health Declaration Form based on the template as per *Annex A-1* of the above mentioned JMC in this section (Please refer to Annex E); or
 - d. exposure history to a COVID-19 case or probable case thereof
2. **Guidelines for Isolation and Quarantine.** The following guidelines for isolation and quarantine indicated in *Department Memorandum No. 2020-0512* are reiterated:
 - a. **Quarantine of Asymptomatic Close Contacts**
 - i. Immediate quarantine of asymptomatic close contacts of the suspect, probable, or confirmed cases shall be completed in 14 days, regardless if testing has not been done, or resulted negative
 - ii. If symptoms develop, they shall be admitted to a TTMF and be tested using RT-PCR, or if not available, antigen test. If results are NEGATIVE, they shall be discharged after the completion of 14 days quarantine. If results are POSITIVE, they shall be isolated, managed and discharged, as per guidelines.
 - b. **Isolation of Suspect, Probable, and Confirmed COVID-19 Cases**
 - i. Immediate isolation shall be required for any individual with fever OR at least two (2) or more symptoms of COVID-19 (i.e. cough and cold, or cold and sore throat).
 - ii. All asymptomatic confirmed cases shall be placed in isolation for a minimum of 10 days from first viral diagnostic test. All symptomatic

suspect, probable, and confirmed cases shall be placed in isolation for a minimum of 10 days from onset of the first symptom, without prejudice to attendance requirements or leaves.

c. **Quarantine and Isolation of Travelers.** The following guidelines for isolation and quarantine for travelers indicated in *IATF-EID Resolution No. 128-A* are reiterated:

- i. All travelers, particularly inbound international travelers and interzonal domestic travelers shall be required to undergo clinical and exposure assessment upon arrival.
- ii. All symptomatic travelers identified at points of entry or exit, both sea- and land-based, shall be admitted to the appropriate facility and tested using RT-PCR. Should their RT-PCR test results turn out to be positive. Contact tracing shall also commence for their close contacts.
- iii. ALL passengers arriving to the Philippines from an international origin, regardless of point of entry, are subject to facility-based quarantine and testing. This includes a ten (10)-day facility-based quarantine and a four (4)-day home quarantine, including an RT-PCR test on the seventh (7th) day, with the day of arrival being the first day.
 - iii.a Only passengers that are qualified for the Green Lanes, may have a modified quarantine and testing protocol, specifically of undergoing a seven (7)-day facility-based quarantine and Reverse Transcription - Polymerase Chain Reaction (RT-PCR) testing on the fifth (5th) day.
 - iii.b To be qualified for the Green Lanes, a passenger arriving to the Philippines from international origin, regardless of point of entry, must satisfy ALL of the following conditions:
 - iii.b.1 Their port of origin is a Green List country/jurisdiction/territory, based on the latest list provided by the IATF-EID;
 - iii.b.2 They stayed exclusively in Green List countries/ jurisdictions/ territories in the last fourteen (14) days prior to their arrival in the Philippines.
 - iii.b.3 They are fully vaccinated, whether in the Philippines or abroad;
 - iii.b.4 Their vaccination status can be independently verified/confirmed by Philippine authorities as valid and authentic upon their arrival in the country.
 - iii.c For passengers that are qualified for Green Lanes, the BOQ shall ensure strict symptom monitoring while in the facility quarantine for seven (7) days.
 - iii.c.1 If the RT-PCR test yields a negative result, the individual shall still complete the seven-day facility-based quarantine.

iii.c.2 If the RT-PCR test yields a positive result, the individual shall follow the prescribed isolation protocols.

iii.c.3 Upon completion of facility-based quarantine, the BOQ shall issue a Quarantine Certificate indicating the individual's vaccination status. The individual is thereafter enjoined to monitor themselves for the next seven (7) days for any symptoms.

iii.d The latest guidelines from the IATF may prevail, and amendments to this section of the Administrative Order, may be issued out through a Department Circular.

3. Symptom Severity - Based Approach on Isolation in Appropriate Facility. Suspect, probable and confirmed cases shall be isolated in the proper facility depending on the severity of their symptoms:

- a. Asymptomatic and mild confirmed cases shall be admitted and isolated in Temporary Treatment and Monitoring Facilities (TTMFs), community-based facilities, or in their homes as long as they meet the criteria for home quarantine or isolation as cited in Department Memorandum No. 2020-0512.
- b. Moderate cases shall be isolated and managed in Level 1 or 2 hospitals or in their homes as long as they meet the criteria for home quarantine or isolation as cited in Department Memorandum No. 2020-0512.
- c. Severe and critical cases shall be isolated and managed in Level 2 or 3 hospitals.
- d. For individuals with co-existing medical conditions, they shall be referred to their attending physician for further assessment and recommendation with regards to their admission to the appropriate facility.

4. Home Isolation and Quarantine. Designed for short-term physician-and-caregiver directed care to help stable COVID-19 patients recover illness through provision of basic supportive management and psychosocial support, monitoring of warning signs of COVID-19 progression and prevention of further illness and hospital stay. Home quarantine shall be allowed for suspect, probable, and confirmed cases of COVID-19 who are either asymptomatic or with mild symptoms only and controlled co-morbidities, provided that the following requirements are met:

- a. Infrastructure
 - i. Line of communication for family and health workers
 - ii. Electricity, portable water, cooking source
 - iii. Bathroom with toilet and sink, if possible, separate from family (if none, disinfect bathroom after use)

- iv. Solid waste and sewage disposal
 - v. Well- ventilated room
 - b. Accommodations
 - i. Separate bedroom - no vulnerable person in the household
 - ii. Accessible bathroom in the residence
 - c. Resource for patient care and support
 - i. Primary caregiver who will remain in the residence (not high risk for complications and educated on proper precautions)
 - ii. Medications for pre-existing conditions, as needed
 - iii. Digital thermometer (disinfected before and after use) and pulse oximeter
 - iv. Meal preparation
 - v. Masks, tissues, hand hygiene products
 - vi. Household cleaning products
5. **Facility Isolation and Quarantine.** All concerned entities shall endeavor to provide facilitated isolation and quarantine to their personnel and partner with local governments or their own facilities for triaging to the appropriate level of care and provision of community isolation and quarantine facilities for those who cannot meet isolation requirements at home.
6. **Pediatric Facility Isolation and Guardianship.** All children in facility isolation shall be accompanied by a guardian in the quarantine or isolation facility. Parents or guardians that are not confirmed COVID-19 cases may accompany the COVID-19 confirmed child provided risks and benefits are explained, informed consent is provided, and the adult has no comorbidity putting them at risk for severe disease and death.
7. **Benefits and Leaves of Absences.** All individuals shall be given support, either in cash or in kind, during the duration of their isolation and quarantine and shall be given sick leave benefits equivalent to the days of their isolation or quarantine.

D. Treatment Strategies Across All Settings

1. The Philippine Society for Microbiology and Infectious Diseases (PSMID)'s Philippine COVID-19 Living Recommendations and the Unified COVID-19 Algorithms shall guide treatment and patient management decisions.
2. All entities shall adopt a reporting and coordination mechanism with the Local Government Unit for referral into health facilities, access to a health care provider network (HCPN) and telemedicine, and provision of medical and psychosocial services.
3. To ensure the adequacy of medical assistance, all concerned entities shall ensure its

employees, whether contractual, temporary, and permanent, are enrolled and adequately covered with Philhealth benefits.

4. Safety and Health Officers shall regularly monitor the status of employees in the office who are quarantined in their homes or in the isolation facilities and health facilities.
5. For Probable or Confirmed COVID-19 cases that are classified as either Mild or Moderate, symptomatic treatment may be provided. There is no need for antibiotics nor prophylaxis.
6. Severe or critical suspect, probable or confirmed COVID-19 cases shall be referred to a pulmonologist and infectious disease specialist and managed in the appropriate health facility.
7. As stated in the DOH DM No. 2020-0158, otherwise known as, "*Proper Handling of the Remains of Suspect, Probable and Confirmed COVID-19 Cases*", suspect and probable COVID-19 patients who died with pending test results shall be handled similar to a confirmed COVID-19 case. Standard safety precautions must be observed at all times. Burial and cremation of the remains of suspect, probable, and confirmed COVID-19 cases are safe for as long as strict infection and prevention control measures are observed.
 - a. Procedures for burial and cremation shall be done within 12 hours after death.
 - b. Large gatherings at the crematorium/ burial ground should be avoided.
 - c. For those that will be buried, remains shall be placed in a durable, airtight and sealed metal casket. For patients with Islamic faith, remains shall alternatively be placed in a double sealed cadaver bag.
 - d. For those that will be cremated, cremains shall be reduced to the size of fine sand or ashes and packed in a cremains container before they are turned over to the relatives of the deceased; and be placed in a container made of polyethylene provided with a liner bag (preformed 5 ml plastic), locking tie and identification label.

E. Reintegration Strategies Across All Settings

1. Return to work or community policies implemented shall be consistent with national guidelines:
 - a. Close contacts: Fourteen (14)-day quarantine has been completed regardless of negative test result and vaccination status.
 - b. Suspect, probable or confirmed cases, whether fully vaccinated, unvaccinated, or with incomplete vaccination:
 - i. **For asymptomatic:** Ten (10)-day isolation have passed from the first viral diagnostic test and remained asymptomatic throughout their infection;

- ii. For **mild to moderate COVID-19 confirmed cases**: Ten (10)-day isolation have passed from onset of the first symptom, respiratory symptoms have improved (cough, shortness of breath), AND have been afebrile for at least 24 hours without use of antipyretic medications;
 - iii. For **severe and critical COVID-19 confirmed cases**: Twenty-one (21)-day isolation has passed from onset of the first symptom, respiratory symptoms have improved (cough, shortness of breath) AND have been afebrile for at least 24 hours without the use of antipyretic medications;
 - iv. For **immunocompromised**: Twenty-one (21)-day isolation has passed from onset of the first symptom, respiratory symptoms have improved (cough, shortness of breath) AND have been afebrile for at least 24 hours without the use of antipyretic medications. Do **repeat RT-PCR testing**. If results turn out positive, refer to an Infectious Disease Specialist. If results turn out negative, discharge from isolation.
- c. To reiterate DOH Department Circular No. 2021-0122 entitled "*Reiteration of Prevention, Detection, Isolation, Treatment, and Reintegration (PDITR) Strategies for COVID-19 in Light of the Implementation of Enhanced Community Quarantine in NCR Plus Bubble*", repeat testing is **not necessary** for the safe return to work of immunocompetent individuals, provided that a licensed medical doctor certifies or clears the patient.
2. All concerned entities shall endeavor to develop internal mechanisms to provide psychosocial support to its constituents and coordinate with appropriate offices for the availability of services as needed for mental health and psychosocial support based on DOH Department Memorandum No. 2020-0230 "*Interim Guidelines on the Implementation of Mental Health and Psychosocial Support (MHPSS) in the Coronavirus Disease 2019 (COVID-19) Response*".
3. Healthy Habits
- a. Elimination or reduction of tobacco use and exposure shall be strongly and proactively encouraged and effectively sustained. The following guidelines of Department Memorandum No. 2020-0246 also known as "*Interim Guidelines on Tobacco Control in Light of COVID-19 Pandemic*" are reiterated:
 - i. Cessation of all forms of tobacco and electronic cigarettes (e-cigarettes) use shall be strongly and proactively encouraged and effectively sustained through the promotion of a healthy lifestyle and continued provision of tobacco cessation programs.
 - ii. LGUs and other government agencies shall continue to prohibit the use of tobacco and vape in public spaces, and ensure that all related policies and local ordinances are properly enforced and monitored by the respective persons-in-authority and their agents in accordance with

Executive Order No. 26 (s. 2017) entitled ‘*Providing for the Establishment of Smoke-free Environments in Public and Enclosed Places*’, and Executive Order No. 106 (s. 2020) entitled “*Prohibiting the Manufacture, Distribution, Marketing and Sale of Unregistered and/or Adulterated Electronic Nicotine/Non-nicotine Delivery Systems, Heated Tobacco Products and other Novel Tobacco Products*”.

- iii. Information dissemination on the harmful effects of tobacco and vapor products shall be continued, including the relationship between these products and COVID-19.

F. Safe Reopening Across All Settings

1. **Risk-based approach.** In principle, gradual safe reopening may be done in communities and sectors wherein the risk is low or minimal, or if appropriate safeguards are met:
 - a. Gradual reopening of the economy shall be based on the risk assessments by the community and specific sectors as determined by the IATF-EID.
 - b. Gradual and safe reopening of specific establishments, activities, or institutions at the local level as allowed by the IATF-EID shall be based on the positive endorsement of the Regional Interagency Task Force and the LGU involved.
2. **Components of Safe Reopening of Institutions.** Approval of decisions to open sectors and specific institutions shall be based on the following components:
 - a. Evidence that COVID-19 transmission is controlled, based on the incidence and growth rate of cases, prevalence and transmission rate in the community.
 - b. Minimum public health standards and capacities are in place to prevent, detect, isolate, treat, and reintegrate cases and close contacts.
 - c. Outbreak risks are minimized in high-vulnerability settings, particularly in homes for senior citizens, mental health facilities, crowded places, residences, or based on the nature of work.
 - d. Stakeholders involved are consulted, aware, engaged, and participating in the preparation for the gradual reopening transition

3. COVID - 19 Vaccination among Priority Groups

- a. Implementation of the National Deployment and Vaccination Plan for

COVID-19 shall be consistent with Republic Act No. 11525 otherwise known as “*COVID -19 Vaccination Program Act of 2021*”, the DOH Department Memorandum No. 2021-0099 entitled *Interim Omnibus Guidelines for the Implementation of the National Vaccine Deployment Plan for COVID-19*, and other succeeding issuances of the national government.

- b. All institutions across all settings shall master list the eligible priority group of their employees according to the national prioritization framework, and submit them to the local government unit based either on the place of permanent or current residence or workplace. If there are any updates to the current roster of the employees or workers, regardless of employment status, in their institution, they shall coordinate these with their local government unit in order for the unvaccinated population in their institution be scheduled, pending availability of supplies.
 - c. Vaccine administration shall be done in vaccination sites designated by the Local Vaccine Operations Center (LVOC), including sites identified by private entities of workplaces, as cited in DOH Department Memorandum No. 2021-0116 entitled “*Interim Guidelines on the Identification and Utilization of COVID-19 Vaccination Sites*”.
 - d. Institutions shall be encouraged to provide logistics support (including transport) to facilitate vaccination of their workers and coordinate with LGUs for the vaccination. Due consideration and care shall be given to vaccine recipients, especially those who manifest adverse reactions needing more time to recover before going back to work.
 - e. Minimum public health standards, which includes physical distancing, hand hygiene, cough etiquette, and wearing of masks and face shields among others, shall be strictly implemented during the vaccination events.
 - f. Vaccine scheduling and administration shall be done in compliance with the provisions stipulated in DOH Department Memorandum No. 2021-0259, otherwise known as, *Implementing Guidelines for Priority Groups A4, A5 and Further Clarification of the National Deployment and Vaccination Plan for COVID-19 Vaccines*. As provided for in the said issuance, establishments, agencies and organizations shall conduct vaccination of eligible workers in coordination with their respective LGUs across all engagements and partnerships for the COVID-19 vaccine deployment program.
4. All appropriate establishments shall anchor their policies, plans, and guidelines for the reintroduction of physical activities and sports in the promotion of physical resilience based on the risk severity grading of their area, as cited in the Philippine Sports Commission (PSC), Games and Amusements Board (GAB), and DOH Joint

Administrative Order No. 2020-0001 also known as *Guidelines on the Conduct of Health-Enhancing Physical Activities and Sports during the COVID-19 Pandemic*. The conduct of exercise, active transport, sports, and other forms of regular physical activity shall be highly encouraged in the prevention of lifestyle-related diseases (*diabetes, hypertension, hypercholesterolemia, etc*) that predispose individuals to develop severe and critical COVID-19, if infected.

VII. REPEALING CLAUSE

Any order, issuance, rules and regulations inconsistent with or contrary to this Administrative Order shall be repealed or amended accordingly.

VIII. SEPARABILITY CLAUSE

If any clause, sentence, or provision of this Order shall be declared invalid or unconstitutional, the other provisions not affected thereby shall remain valid and effective.

IX. EFFECTIVITY

This Order shall take effect immediately after its publication in the Official Gazette or in any national newspaper of general circulation with three (3) certified copies to be filed with the Office of the National Administrative Register (ONAR) of the UP Law Center.



FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health

Annex A. Definition of Terms

- A. Alternative Work Arrangements** - refer to work arrangements consisting of a combination of the following enumerated work arrangements or other work arrangements subject to the prevailing community quarantine in the area where the agency is located and appropriate/applicable to the agency mandate/functions.
 - 1. **Work-from-Home** – refers to an output-oriented work arrangement that authorizes the worker to produce outputs/results and accomplishments outside of the office;
 - 2. **Skeleton (Skeletal) Workforce** – refers to a work arrangement where a minimum number of employees is required to man the office to render service when full staffing is not possible;
 - 3. **Four-day (Compressed) Workweek** – refers to a work arrangement whereby the employees' workweek is compressed to four (4) days each week;
 - 4. **Work Shifting/Flexible (Staggered) Working Hours** – refers to a work arrangement applicable to offices/agencies that observe work shifting or flexible working time;
- B. Administrative Controls** - refer to procedural interventions or modifications in policies, standards, and processes, that are meant to reduce the frequency and severity of exposure to infectious diseases e.g. hygiene and disinfection protocols, work shifting, etc.
- C. Antigen Test** - refers to immunoassays that detect the presence of a specific viral antigen, which implies current viral infection.
- D. Close Contact** - refers to persons who experienced any one of the following exposures two (2) days before and fourteen (14) days after the onset of symptoms (during the 14-day prescribed quarantine period) of a suspect, probable, or confirmed case:
 - 1. Face-to-face contact with a probable or confirmed case within one (1) meter and for at least fifteen (15) minutes;
 - 2. Direct physical contact with a probable or confirmed case;
 - 3. Direct care for a patient with probable or confirmed COVID-19 disease without using recommended personal protective equipment OR;
 - 4. Other situations as indicated by local risk assessment.
- E. Cluster** - refers to an unusual aggregation, real or perceived, of health events that are grouped together as to time and space and that is reported to a public health department. For the purpose of this document, it is further defined as two or more confirmed cases from the same area over a period of fourteen (14) days. The following criteria shall be followed:
 - 1. **Geographical boundary** (purok, barangay, zone)- two (2) confirmed cases from two (2) different households
 - 2. **Residential building**- two (2) confirmed cases from two (2) different housing units
 - 3. **Workplace**- two (2) confirmed cases regardless if same or different office space
 - 4. **Health care facilities and other closed settings (jails/ prisons, detention centers, long-term care facility, etc.)**- two (2) confirmed cases regardless if from the same location in said closed setting.

- F. **Confirmed Case** - refers to any individual, irrespective of presence or absence of clinical signs and symptoms, who was laboratory confirmed for COVID-19 in a test conducted at the national reference laboratory, a subnational reference laboratory, and/or DOH-licensed COVID-19 testing laboratory; OR
any suspect or probable COVID-19 cases, who tested positive using antigen tests in areas with outbreaks and/or in remote settings where RT-PCR is not immediately available; provided that the antigen tests satisfy the recommended minimum regulatory, technical and operational specifications set by the Health Technology Assessment Council
- G. **Cough and sneeze etiquette** - refers to a practice which helps reduce and contain respiratory secretions from patients with symptoms, through the use of non-pharmacological barriers such as the arm and sleeve, use of tissue, and or moving away from the crowd.
- H. **COVID-19 Exposure Risk Assessment** - refers to the identification of COVID-19 risk and subsequent adjustment of control measures based on risk. (Please refer to Annex B)
- I. **Engineering Controls** - refer to physical interventions or modifications in spaces or environments, that are meant to prevent the transmission of infectious diseases e.g. use of physical barriers, exhaust ventilation, etc.
- J. **Fully Vaccinated for COVID-19** - refers to an individual who has
1. More than or equal to 2 weeks after having received the second dose in a 2-dose series, or
 2. More than or equal to 2 weeks after having received a single-dose vaccine; and
 3. The vaccines administered to the individual are included in any of the following:
 - a. Emergency Use Authorization (EUA) List or Compassionate Special Permit (CSP) issued by the Philippine Food and Drug Administration; or
 - b. Emergency Use Listing of the World Health Organization.
- K. **Granular Lockdown** - refers to a Micro-level quarantine, singularly or collectively, in the level of 1) barangay, 2) block, 3) purok, 4) street, 5) subdivision/ village, 6) residential building, or 7) house, that are tagged as "critical zones (or CrZ)" by the Department of the Interior and Local Government (DILG) and Regional Inter-Agency Task Force (RIATF).
- L. **Immunocompetent** - refers to an individual who is able to develop an immune response following exposure to an antigen
- M. **Immunocompromised** - refers to an individual who has an impaired or weakened immune system, which may be secondary to illness or therapeutic drugs
- N. **Isolation**- refers to the separation of ill or infected persons from others to prevent the spread of infection or contamination.
- O. **Minimum Public Health Standards (MPHS)** – refer to the guidance provided for the development of sector-specific and localized guidelines on mitigation measures for its

COVID-19 response across all settings by implementing non-pharmaceutical interventions (NPIs). This term shall also encompass specific NPIs of community mitigation strategies or public health measures that do not involve vaccines, medications, or other pharmaceutical interventions, that individuals and communities can carry out in order to reduce transmission rates, contact rates, and the duration of infectiousness of individuals in the population.

- P. **Occupancy time** - refers to the allowable period of time a person or group of people may stay in an establishment that is deemed safe
- Q. **Outbreak**- refers to the occurrence of cases of disease in excess of what would normally be expected in a defined community, geographical area or season.
- R. **Probable Case** - refers to:
 - 1. A patient who meets clinical criteria AND is a contact of a probable or confirmed case or linked to a COVID-19 cluster; or
 - 2. A suspect case with chest imaging showing findings suggestive of COVID-19 disease;
 - 3. A person with recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any other identified cause;
 - 4. Death, not otherwise explained, in an adult with respiratory distress preceding death; AND was a contact of a probable or confirmed case or linked to a COVID-19 cluster.
- S. **Public Places** - refer to:
 - 1. **Indoor (Enclosed) Public Places** - refer to enclosed establishment generally open to the public such as but not limited to Places of Worship, Meetings, Incentives, Conferencing, and Exhibitions (MICE), Places of Leisure (*Museum, Art Galleries, Amusement Parks, Spa, Cinema, Gym*).
 - 2. **Outdoor (Open) Public Place** - refers to open spaces generally accessible to the public such as but not limited to outdoor parks, open-air sports facilities and other physical activities, public squares, playgrounds, swimming pools, zoo, and amusement parks.
- T. **Quarantine**- refers to the separation and movement restrictions of people who were exposed to a contagious disease to see if they become sick.
- U. **Safe Reopening of the Economy** - refers to a calibrated and targeted approach in enforcing the minimum public health standards for COVID-19 and resorting to localized quarantines, while creating jobs for economic growth and pending the establishment of herd immunity.
- V. **Schools** - refers to public and private institutions that provide formal and informal basic (kindergarten to senior high school), technical and higher education.
- W. **Suspect Case** - refers to:
 - 1. **Suspect Criteria A** - refers to a person who meets the clinical AND epidemiological criteria:

- a. Clinical criteria:
 - i. Acute onset of fever AND cough; OR
 - ii. Acute onset of ANY THREE OR MORE of the following signs or symptoms: fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnoea, anorexia/nausea/vomiting, diarrhea, altered mental status AND
 - b. Epidemiological Criteria:
 - i. Residing or working in an area with a high risk of transmission of virus: closed residential settings, humanitarian settings such as camp and camp-like settings for displaced persons; anytime within the fourteen (14) days prior to symptom onset; or
 - ii. Residing or travel to an area with community transmission anytime within the fourteen (14) days prior to symptom onset; or
 - iii. Working in any health care setting, including within health facilities or within the community; any time within the fourteen (14) days prior to symptom onset.
2. Suspect Criteria B - refers to a patient with Severe Acute Respiratory Illness (SARI): acute respiratory infection with history of fever or measured fever of $\geq 38C^{\circ}$; and cough; with onset within the last ten (10) days; and requires hospitalization). A person who meets the clinical AND epidemiological criteria:
 3. Suspect Criteria C - refers to an asymptomatic person not meeting epidemiologic criteria with a POSITIVE SARS-CoV-2 Antigen-RDT
- X. **Transportation Facility** – refers to terminals and vehicles that transport people and goods from one place to another by means of land, air, or sea
- Y. **Workplaces** - shall mean the office, premises, or worksite where the workers are habitually employed and shall include the offices or place where workers, who have fixed or definite work site, regularly report for assignment in the course of their employment.
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Annex B. COVID-19 Exposure Risk Assessment Matrix and Control Measures

Exposure Risk Assessment Matrix

RISK CLASSIFICATION	WORKERS CATEGORIES
Very High Exposure Risk	<ul style="list-style-type: none"> Healthcare workers (e.g. doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams or invasive specimen collection on suspect, probable, or confirmed COVID-19 patients) Healthcare delivery and support staff (e.g., doctors, nurses, and other hospital staff who must enter patients' rooms) exposed to suspect, probable, or confirmed COVID-19 patients. (Note: when such workers perform aerosol-generating procedures, their exposure risk level becomes very high.) Healthcare or laboratory personnel collecting or handling specimens from suspect, probable, or confirmed COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients) Medical transport workers (e.g., ambulance vehicle operators) moving suspect, probable, or confirmed COVID-19 patients in enclosed vehicles. Morgue workers who are performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are considered to have suspect, probable, or confirmed COVID-19 at the time of their death. Mortuary workers involved in preparing (e.g., for burial or cremation) the bodies of people who are known to have suspect, probable, or confirmed COVID-19 at the time of their death. All other occupations involved in directly handling people or bodily fluids from suspect, probable, or confirmed COVID-19 patients
High Exposure Risk	<ul style="list-style-type: none"> Frontline Workers that require frequent and/or close contact (<i>i.e less than 1 meter</i>) with people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients <i>i.e. bank tellers, cashiers, storekeepers, bus/train ticket, food servers, and similar activities</i> Transport driver, conductors including taxi and TNVS, tricycle, pedicab drivers and similar activities who provide transport services to the public Workers who have any of the following: <ul style="list-style-type: none"> 60 years old and above with comorbidities (<i>i.e. obesity, hypertension, diabetes, asthma, cancer, etc.</i>)
Medium Exposure Risk	<ul style="list-style-type: none"> Workers whose place of residence have on-going COVID-19 community transmission Workers who are below 60 years old but with comorbidities such as hypertension, diabetes, asthma, cancer, etc. Workers that are required to have person-to-person contact with clients/individual
Low Exposure Risk	<ul style="list-style-type: none"> Workers whose place of residence have no reported COVID-19 community transmission Workers who are below 60 years old and with NO comorbidities such as hypertension, diabetes, asthma, cancer, etc. Workers with limited person to person contact in their line of work




Menu of Recommended Control Measures

Risk Category	Engineering Control	Administrative Control	Health Control	PPE
Very High Risk Exposure	<ul style="list-style-type: none"> • Ensure air handling units/systems including those at isolation rooms are installed and maintained and complies with the Infection Control Guidelines • Ensure that handling of specimens from known or suspected COVID-19 patients shall comply with Biosafety Level • Install barriers such as acrylic clear plastics between workstations • Establish containment or decontamination zones • Provide directional and cueing marking to ensure unidirectional movement and maintain physical distancing • Regular Conduct of disinfection of the entire work area 	<ul style="list-style-type: none"> • Strictly restrict workers with the following conditions: <ul style="list-style-type: none"> • 60 and above years olds • With health comorbidities such as hypertension, diabetes, cancer, etc • Establish infection control protocol such as disinfection, donning and doffing of PPE, decontamination, etc. • Establish job rotation scheme to ensure workers will get sufficient rest/breaks • Work from home arrangements for workers 60 and above and those with comorbidities • Regular Orientation on Health Safety Requirements • Designate safety/surveillance officers to monitor compliance to health and safety protocol • Establish system to record and monitor entry as well as close contacts of worker 	<ul style="list-style-type: none"> • Establish medical surveillance such as regular health assessment • Special Health Exam • Ensure workers are provided with appropriate immunization and vitamin supplements 	<ul style="list-style-type: none"> • PPE level as required by DOH Infection Control Guidelines • Ensure PPEs are fit-tested prior to entry to critical zone • Ensure PPEs are sufficient and replenished on time • Ensure that contaminated PPEs are disposed as infectious wastes

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Risk Category	Engineering Control	Administrative Control	Health Control	PPE
High Risk Exposure	<ul style="list-style-type: none"> • Increase ventilation rates in the institution • Install barriers such as acrylic clear plastics between workstations • Install directional and cueing marking and signages to ensure unidirectional movement and maintain physical distancing particularly in common areas such as pantry, lobby, elevators, waiting area, etc. • Provide disinfection/hand sanitizers in strategic locations • Regular Conduct of disinfection of the entire work area 	<ul style="list-style-type: none"> • Work from home arrangements for workers 60 and above and those with co-morbidities or reassign workers in low risk work assignments • Establish job rotation scheme to ensure workers will get sufficient rest/breaks • Designate safety/surveillance officers to monitor compliance to health and safety standards • Regular Orientation on Health Safety Requirements • Establish system to record and monitor close contacts of worker 	<ul style="list-style-type: none"> • Establish medical surveillance such as regular health assessment • Ensure workers are provided with appropriate immunization and vitamin supplements 	<ul style="list-style-type: none"> • Provide appropriate PPE such as facemask and face shields • Ensure PPEs are sufficient and replenished on time • Ensure that contaminated PPEs are disposed as infectious wastes
Medium Risk Exposure	<ul style="list-style-type: none"> • Ensure ventilation system allows regular supply of fresh air such as periodic opening of windows to allow entry of fresh air • Consider the installation of barriers such as acrylic clear plastics between workstations • Provide disinfection/hand sanitizers in strategic locations • Install directional and cueing marking and signages to ensure unidirectional movement and maintain physical distancing particularly in common areas such as pantry, lobby, elevators, waiting area, etc. • Regular Conduct of disinfection of the entire work area 	<ul style="list-style-type: none"> • Consider job rotation scheme to ensure workers will get sufficient rest/breaks • Designate safety/surveillance officers to monitor compliance to health and safety standards • Regular Orientation on Health Safety Requirements • Establish system to record and monitor close contacts of worker 	<ul style="list-style-type: none"> • Monitor workers for COVID-19 symptoms particularly those residing in areas with known covid-19 cases • Consider providing workers with supplements and immunization 	<ul style="list-style-type: none"> • Provide appropriate PPE such as facemask • Ensure PPEs are sufficient and replenished on time • Ensure that contaminated PPEs are disposed as infectious wastes

Risk Category	Engineering Control	Administrative Control	Health Control	PPE
Low Risk Exposure	<ul style="list-style-type: none"> ● Ensure ventilation system allows regular supply of fresh air such as periodic opening of windows to allow entry of fresh air ● Provide disinfection/hand sanitizers in strategic locations ● Regular Conduct of disinfection of the entire work area ● Install directional and cueing marking and signages to ensure unidirectional movement and maintain physical distancing particularly in common areas such as pantry, lobby, elevators, waiting area, etc. 	<ul style="list-style-type: none"> ● Designate safety/surveillance officers to monitor compliance to health and safety standards ● Regular Orientation on Health Safety Requirements ● Establish system to record and monitor close contacts of worker 	<ul style="list-style-type: none"> ● Monitor workers for COVID-19 symptoms particularly those residing in areas with known covid-19 cases ● Consider providing workers with supplements and immunization 	<ul style="list-style-type: none"> ● Provide appropriate PPE such as facemask ● Ensure PPEs are sufficient and replenished on time ● Ensure that contaminated PPEs are disposed as infectious wastes

ANNEX C. PDITR Checklist

DOCUMENTED POLICY PLAN	
<input type="checkbox"/> Develop a COVID-19 Prevention and Control Policy/Plan in the institution <input type="checkbox"/> Categorize/identify workers according to risk of exposure to COVID-19 <input type="checkbox"/> Enumerate proposed control measures to address the risk of employees to exposure to COVID-19	
ORGANIZED COVID-19 RESPONSE TEAM	
<input type="checkbox"/> Organize a response team on COVID-19 tasked to the following: <ul style="list-style-type: none"> ■ Monitor the health status of workers in terms of COVID-19 prevention and management of all workers ■ Monitor the health status of workers in terms of COVID-19 prevention and management of all workers ■ Refer workers with symptoms for COVID-19 to the nearest health facility ■ Report to the Local Epidemiology and Surveillance Unit (LESU) for workers suspected/probable/confirmed positive for COVID-19 ■ Conduct or assist in the contact tracing within the institution in case of COVID-19 infection 	
PREVENTION	
<u>ENGINEERING CONTROLS</u>	
<input type="checkbox"/> Maintain physical distancing or spacing <input type="checkbox"/> Ensure adequate air exchange in enclosed (indoor) areas as cited in DOLE D.O. 224-21 <input type="checkbox"/> Install hand hygiene and sanitation facilities <input type="checkbox"/> Set up of Screening or Triage area at different points-of-entry <input type="checkbox"/> Separate Entry and Exit points in high traffic areas. Footbaths are not recommended. <input type="checkbox"/> Provide adequate and safe water supply and antibacterial soap or 70% Isopropyl/Ethyl Alcohol for hand washing <input type="checkbox"/> Install visual cues or signages to communicate MPHs <input type="checkbox"/> Have a facility for proper storage, collection, treatment, and disposal of used PPE and other infectious waste <input type="checkbox"/> Stock up on supplies such as regular medicines, masks and cleaners or disinfectants <input type="checkbox"/> Prepare a separate room in case an individual needs to be quarantined or isolated	
<u>ADMINISTRATIVE CONTROLS</u>	
<input type="checkbox"/> Ensure and monitor proper implementation and strict observance of minimum public health standards <input type="checkbox"/> Designate COVID-19 Response Teams and Safety Officers <input type="checkbox"/> Conduct internal risk exposure assessment <input type="checkbox"/> Ensure adequate provision of personal protective equipment to all employees <input type="checkbox"/> Reduce physical capacity <input type="checkbox"/> Use of digital tools <input type="checkbox"/> Limit unnecessary gatherings <input type="checkbox"/> Ensure availability and adequacy of shuttle services or transport <input type="checkbox"/> Develop a routine schedule for disinfection (daily cleaning and disinfection for high contact surfaces) <input type="checkbox"/> Stay informed – check local advice where you live and work <input type="checkbox"/> Promote health and wellness (exercise, balanced diet, drink plenty of water) <input type="checkbox"/> Have online transactions and cashless payments in place	
<u>PERSONAL PROTECTIVE EQUIPMENT</u>	
<input type="checkbox"/> Wear well-fitted face masks and face shields especially in public areas and enclosed spaces at all times for individuals 2 years of age or older, especially during the following conditions: <ul style="list-style-type: none"> ■ if when you are around people who do not live in your household ■ when caring for someone who is sick with COVID-19 ■ if you are sick with COVID-19 or think you may have COVID-19 <input type="checkbox"/> Wear appropriate PPE such as gloves for all personnel tasked to do regular cleaning and disinfection	

DETECTION**Active Surveillance**

- Conduct daily monitoring of temperatures, symptoms, absences, and positive case clusters
- Develop active surveillance mechanisms that include testing of employees categorized as high risk given the nature of their work, such as workers who cannot dutifully meet MPHS

Contact Tracing

- Initiate contact tracing within the office/floor/ building to identify possible close contacts upon identification of a suspect, probable, or confirmed case. Contact tracing shall also commence for contacts of suspect cases upon detection while waiting for specimen collection for SARS-CoV-2 diagnostic testing or RT-PCR results. Identification of second-and third-generation close contacts is highly encouraged.
- Notify the contacts of suspect cases and advise them to self-monitor and adhere to stringent MPHS. Should the suspect case turn out to be probable or confirmed, contacts shall be instructed to undergo quarantine or isolation, whichever is appropriate.
- Submit the list of all close contacts to management and respective LGU for reporting, including investigation details on sources of transmission
- Individuals and establishments are encouraged to patronize the use of the StaySafe.ph application, or any other national and certified contact tracing application integrated with StaySafe.PH, in the conduct of contract tracing activities

Localized lockdown

- Implement localized lockdowns in instances of clusters defined as more than 2 cases per office or as indicated in the IATF-EID National Action Plan. Lockdowns shall be used to facilitate disinfection and immediate contact tracing. Building lockdown shall be done to facilitate disinfection of common areas such as stairways and corridors. Community lockdowns may be done by LGUs down to the barangay level as indicated in latest national and local guidelines.

Standardized Testing Protocols

- COVID-19 testing shall be prioritized for the following at-risk groups, consistent with DM No. 2020 - 0439:
 - Suspect cases or individuals with relevant history of travel and exposure, whether symptomatic or asymptomatic
 - Health care workers with possible exposure, whether symptomatic or asymptomatic
 - Subgroups at-risk individuals arranged in order of greatest to lowest need for RT-PCR testing are identified.
- Facilitation of RT-PCR test and swabbing:
 - If a close contact or suspect case is symptomatic and detected while he/she is at work, they shall be immediately isolated and directed for testing rather than sent home for scheduling of testing with laboratories.
 - Arrangements for testing with laboratories shall be made to ensure prompt testing and release of results.

ISOLATION

- Set-up isolation/quarantine areas for employees requiring testing per office/floor/building and/or within the compound to reduce the risk of exposure to other people, whichever is most feasible.
- Immediate quarantine of asymptomatic close contacts of suspect, probable, or confirmed cases to complete 14 days, regardless if testing has not been done, or resulted negative, without prejudice to attendance requirements. If symptoms develop, they shall be admitted to a TTMF and be tested using RT-PCR, or if not available, antigen test. If results are NEGATIVE, they shall be discharged after the completion of 14 days quarantine. If results are POSITIVE, they shall be isolated, managed and discharged.
- Immediate isolation is required for any individual with fever OR at least two or more symptoms of COVID-19 (i.e. cough and cold, or cold and sore throat), without prejudice to attendance requirements.
- All COVID-19 positive cases should be isolated strictly for a minimum of 10 days, without prejudice to attendance requirements or leaves.
- Suspect, probable and confirmed cases shall be isolated in the proper facility depending on the severity of their symptoms:
 - Asymptomatic confirmed and mild cases shall be admitted and isolated at home or in Temporary Treatment and Monitoring Facilities (TTMFs) or community based facilities
 - Moderate cases shall be isolated and managed in Level 1 or 2 hospitals
 - Severe and critical cases shall be isolated and managed in Level 2 or 3 hospitals
- Provide facilitated isolation and quarantine to their personnel and partner with LGUs or their own facilities for triaging to the appropriate level of care and provision of community isolation and quarantine facilities for those who cannot meet isolation requirements at home.

- Provision of sick leaves and health benefits are highly recommended.
- Assess all travelers, particularly inbound international travelers and interzonal domestic travelers
- Identify all symptomatic travelers identified at points of entry or exit and admit to appropriate facility and test using RT-PCR. Should their RT-PCR test results turn out to be positive, contact tracing shall also commence for their close contacts.

TREATMENT

- Adopt a reporting and coordination mechanism with the LGU for appropriate referrals and provision of medical and psychosocial services
- Ensure employees have adequate medical assistance and are covered with Philhealth benefits
- Monitor status of employees in the institution who are home quarantined or in the isolation and health facilities.
- Individuals undergoing quarantine or isolation at home, must undergo daily temperature checks and be monitored for improvement or progression of symptoms.
- If an individual presents with emergency warning signs (difficulty of breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, or have pale, gray, or blue-colored skin, lips, or nail beds), caretakers must immediately call the nearest hospital or local emergency facility.
- Provide symptomatic treatment for Probable or Confirmed COVID-19 cases that are classified as either Mild or Moderate. No need for antibiotics or prophylaxis.
- Refer severe suspect, probable or confirmed COVID-19 cases to a pulmonologist and infectious disease specialist and manage in the appropriate health facility.
- Suspect and probable COVID-19 patients who died with pending test results shall be handled similar to a confirmed COVID-19 case. Standard safety precautions must be observed at all times. Burial and cremation of the remains of suspect, probable, and confirmed COVID-19 cases are safe for as long as strict infection and prevention control measures are observed.
 - The procedures for burial and cremation shall be done within 12 hours after death.
 - Large gatherings at the crematorium/ burial ground should be avoided.
 - For those that will be buried, remains shall be placed in a durable, airtight and sealed metal casket. For patients with Islamic faith, remains shall alternatively be placed in a double sealed cadaver bag.
 - For those that will be cremated, cremains shall be reduced to the size of fine sand or ashes and packed in a cremains container before they are turned over to the relatives of the deceased; and be placed in a container made of polyethylene provided with a liner bag (preformed 5 ml plastic), locking tie and identification label.

REINTEGRATION

- Return to work policies implemented shall be consistent with national guidelines:
 - 14-day quarantine for close contacts regardless of negative test result
 - 10-day isolation for asymptomatic, mild, and moderate COVID-19 confirmed cases or 3 days after resolution of symptoms, whichever is longer
 - 21-day isolation for severe and critical COVID-19 confirmed cases, or 3 days after resolution of symptoms, whichever is longer
- Medical certification or repeat testing is not necessary for the safe return to work
- Develop internal mechanisms to provide psychosocial support to its employees and coordinate with appropriate offices for the availability of services for mental health and psychosocial support (MHPSS) as needed

SUPPORT SERVICES

- Ensure that smoking and alcoholic drinks are banned in all areas of the institution.
- Provision of health services such as anti- flu vaccines, vitamins, supplements, etc. to employees.
- Encourage workers to practice a healthy lifestyle such as regular exercise, getting enough sleep/rest, nutritious foods and balanced diet.
- Provide appropriate information on healthy behaviors for the prevention and control COVID-19.
- Provide IEC materials such as posters, leaflets to regularly remind workers on the proper use of facemask and PPEs.



NETWORKING AND LINKAGES

The institution establish linkage and network with the following:

- Barangay Health Emergency Response Team nearest the institution
- Local/Provincial Epidemiology and Surveillance Unit
- Nearest Health Facility
- DOH Regional Epidemiology and Provincial Surveillance
- DOLE Regional Office

Annex D. LIST OF POLICIES THAT PROVIDE ASSISTANCE AND SUPPORT

1. Department of Finance and Department of Trade and Industry Joint Memorandum Circular No. 2020-02, s. 2020, otherwise known as "*Guidelines on the Operations and Incentives of Covered Enterprises Engaged in the Manufacture, Importation, and Distribution of Certain Products, and for other Purposes, Pursuant to Republic Act No. 11469, otherwise known as "Bayanihan to Heal as One Act"*" dated March 28, 2020

https://dtiwebfiles.s3-ap-southeast-1.amazonaws.com/COVID19Resources/Issuances+from+other+agencies/0504_JMC_DOFDTI.pdf

2. Department of Finance, Social Security System, and Bureau of Internal Revenue Joint Memorandum Circular No. 001-2020 otherwise known as "*Guidelines for the Availment of the Small Business Wage Subsidy Measure*" dated April 28, 2020

<http://ulap.net.ph/ulap-news/advisories/519-dof-sss-bir-joint-memorandum-circular-jmc-no-001-2020.html>

3. Department of Finance, Social Security System, and Bureau of Internal Revenue Joint Memorandum Circular No. 002-2020 otherwise known as "*Amendment to the DOF-BIR-SS Joint Memorandum Circular No. 001-2020 "Guidelines for the Availment of the Small Business Wage Subsidy Measure"*" dated May 17, 2020

<https://law.upd.edu.ph/wp-content/uploads/2020/05/SSS-DoF-BRI-JMC-No-002-2020.pdf>

4. Department of Interior and Local Government, Department of Budget and Management, Department of Labor and Employment, Department of Social Welfare and Development, Department of Agriculture, Department of Trade and Industry, and Department of Finance Joint Memorandum Circular No. 1, series of 2020, otherwise known as "*Special Guidelines On The Provision Of Social Amelioration Measures By The Department Of Social Welfare And Development, Department Of Labor And Employment, Department Of Trade And Industry, Department Of Agriculture, Department Of Finance, Department Of Budget And Management, And Department Of The Interior And Local Government To The Most Affected Residents Of The Areas Under Enhanced Community Quarantine*" dated March 28, 2020

<https://www.officialgazette.gov.ph/downloads/2020/03mar/20200328-JOINT-MEMORANDUM-CIRCULAR-NO-1-S-2020.pdf>

5. Department of Labor and Employment Department Order No. 209, series of 2020, otherwise known as "*Guidelines on the Adjustment Measures Program for Affected Workers Due to the Coronavirus Disease 2019*" dated March 17, 2020

https://www.dole.gov.ph/php_assets/uploads/2020/03/a.department-order-no.-209.pdf

6. Department of Labor and Employment Department Order No. 210, series of 2020, otherwise known as "*Guidelines for the Implementation of the Tulong Panghanapbuhay Sa Ating Displaced / Disadvantaged Workers Program (Tupad)*"

#BarangayKoBahayKo (*Tupad #BKBK Disinfecting / Sanitation Project*) dated March 18, 2020

<https://www.dole.gov.ph/wp-content/uploads/2020/03/DO-210v2.pdf>

7. Department of Labor and Employment Labor Advisory No. 12, series of 2020 dated March 19, 2020

<https://www.dole.gov.ph/wp-content/uploads/2020/03/labor-advisory-no.-12-1.pdf>

8. Department of Labor and Employment Labor Advisory No. 12-A, series of 2020, otherwise known as "*Clarificatory Advisory on CAMP Documentary Requirements*" dated April 7, 2020

[https://www.dole.gov.ph/wp-content/uploads/2020/04/Labor-Advisory-No.-12-A-Seri es-of-2020.pdf](https://www.dole.gov.ph/wp-content/uploads/2020/04/Labor-Advisory-No.-12-A-Series-of-2020.pdf)

9. Department of Social Welfare and Development Memorandum Circular No. 02, s. 2015, otherwise known as "*Guidelines on the Implementation of the Modified Conditional Cash Transfer Program for Families in Need of Special Protection*" dated January 30, 2015

https://www.dswd.gov.ph/issuances/MCs/MC_2015-002.pdf

10. Department of Trade and Industry Memorandum Circular No. 20-12, s. 2020, otherwise known as "*Guidelines on the Concessions on Residential Rents; Commercial Rents of MSMEs*" dated April 4, 2020

[https://dtiwebfiles.s3-ap-southeast-1.amazonaws.com/COVID19Resources/COVID-1 9+Advisories/040420_MC2012.pdf](https://dtiwebfiles.s3-ap-southeast-1.amazonaws.com/COVID19Resources/COVID-19+Advisories/040420_MC2012.pdf)

11. Republic Act No. 11199 otherwise known as "*Social Security Act of 2018*"

https://www.sss.gov.ph/sss/DownloadContent?fileName=DraftIRR_SSAActof2018.pdf

12. Republic Act No. 11310. otherwise known as "*An Act Institutionalizing the Pantawid Pamilyang Pilipino Program (4Ps)*"

<https://www.officialgazette.gov.ph/downloads/2019/04apr/20190417-RA-11310-RRD.pdf>

13. Republic Act No. 11469, otherwise known as "*Bayanihan to Heal as One Act*"

<http://legacy.senate.gov.ph/Bayanihan-to-Heal-as-One-Act-RA-11469.pdf>

14. Republic Act No. 11494. otherwise known as "*Bayanihan to Recover as One Act*"

https://pllo.gov.ph/images/Documents/Downloads/RepublicActs-JointResolutions/18_C_RA_JR/RA11494_bayanihan_to_recover_as_one_act.pdf

Annex E. Health Declaration Form



Employee Health Declaration Form

Full Name (Last, Given, Middle):	Date of Shift (MM/DD/YY):
	Time of Shift:

Please place a check mark under your response. (*Lagyan ng tsek sa sangkop na sagot*).

		Yes	No
1. Are you experiencing: <i>(Nakakaranas ka bang:)</i>	a. fever (<i>lagnat</i>)		
	b. cough and/or colds (<i>ubo at/o sipon</i>)		
	c. body pains (<i>pananakit ng katawan</i>)		
	d. sore throat (<i>pananakit ng lalamunan/masakit lumunok</i>)		
2. Have you had face-to-face contact with a probable or confirmed COVID-19 case within 1 meter and for more than 15 minutes for the past 14 days? (<i>May nakasalamuha ka ba na probable o kumpirmadong pasyente na may COVID-19 mula sa isang metrong distansya or mas malapit pa at tumagal ng mahigit 15 minuto sa nakalipas na 14 araw?</i>)			
3. Have you provided direct care for a patient with a probable or confirmed COVID-19 case without using proper personal protective equipment for the past 14 days? (<i>Nag-alaga ka ba ng probable o kumpirmadong pasyente na may COVID-19 ng hindi nakasut ng tamang personal protective equipment sa nakalipas na 14 araw?</i>)			
4. Have you travelled outside the Philippines in the last 14 days? (<i>Ikaw ba ay nagbyahe sa labas ng Pilipinas sa nakalipas na 14 araw?</i>)			
5. Have you travelled outside in the current city/ municipality where you reside? (<i>Ikaw ba ay nagbyahe sa labas ng iyong lungsod/ munisipyo?</i>) If yes, specify which city/ municipality you went to (<i>Sabihin kung saan</i>): _____			

I hereby authorize (Name of Establishment) _____, to collect and process the data indicated herein for the purpose of contact tracing affecting the control of COVID-19 transmission. I understand that my personal information is protected by RA 10173 or the Data Privacy Act of 2012 and that this form will be destroyed after 30 days from the date of accomplishment, following the National Archives of the Philippines protocol.

Signature: _____

Annex F. REFERENCES

1. Department of Health Department Circular No. 2020-0160 “*Guidance on the Use of COVID-19 Rapid Antibody-based Test Kits*” dated March 31, 2020
<https://drive.google.com/drive/folders/1yReeB9IIUydlcURHGHpi-wYui4F-LLrb>
2. Department of Health Administrative Order No. 2020-0015 “*Guidelines on the Risk-Based Public Health Standards for COVID-19 Mitigation*” dated April 27, 2020
<https://doh.gov.ph/sites/default/files/health-update/ao2020-0015.pdf>
3. Department of Health Administrative Order No. 2020-0016 (s. 2020) “*Minimum Health System Capacity Standards for COVID-19 Preparedness and Response Strategies*” dated May 4, 2021
<https://doh.gov.ph/sites/default/files/health-update/ao2020-0016.pdf>
4. Department of Health Department Circular No. 2020- 0325, otherwise known as “*Interim Guidelines in the Requisition of COVID-19 Testing Supplies for DOH Licensed COVID-19 Testing Laboratories and Swabbing Sites*” dated September 4, 2020
<https://dmas.doh.gov.ph:8083/Rest/GetFile?id=657453>
5. Department of Health Department Circular No. 2021- 0122, otherwise known as “*Reiteration of Prevention, Detection, Isolation, Treatment, and Reintegration (PDITR) Strategies for COVID-19 in Light of the Implementation of Enhanced Community Quarantine in NCR Plus Bubble*” dated April 5, 2021.
<https://doh.gov.ph/sites/default/files/health-update/dc2021-0122.pdf>
6. Department of Health Department Memorandum No. 2020-0157, otherwise known as, “*Guidelines on Cleaning and Disinfection in Various Settings as an Infection Prevention and Control Measure Against COVID-19*” dated April 10, 2020
<https://doh.gov.ph/sites/default/files/health-update/dm2020-0157.pdf>
7. Department of Health Department Memorandum No. 2020-0157-A also known as “Amendment to Department Memorandum No. 2020-0157 entitled “*Guidelines on Cleaning and Disinfection in Various Settings as an Infection Prevention and Control Measure Against COVID-19*” dated June 26, 2020
<https://dmas.doh.gov.ph:8083/Rest/GetFile?id=655327>

8. Department of Health Department Memorandum No. 2020 - 0158 (s.2020) "*Proper Handling of the Remains of Suspect, Probable, and | Confirmed COVID-19 Cases*" dated March 22, 2020
<https://doh.gov.ph/sites/default/files/health-update/dm2020-0158.pdf>
9. Department Memorandum 2020-0227 "*Intensification of Case Investigation, Contact Tracing, Reporting and Deployment of COVID-19 Special Team/s for Urgent Response to Stop COVID-19 Transmission*" May 8, 2020
<https://doh.gov.ph/sites/default/files/health-update/dm2020-0227.pdf>
10. Department of Health Department Memorandum No. 2020-0230 "*Interim Guidelines on the Implementation of Mental Health and Psychosocial Support (MHPSS) in the Coronavirus Disease 2019 (COVID-19) Response*" dated April 23, 2020
<https://dmas.doh.gov.ph:8083/Rest/GetFile?id=653567>
11. Department of Health Department Memorandum No. 2020-0246 also known as "*Interim Guidelines on Tobacco Control in Light of COVID-19 Pandemic*" dated May 15, 2020
<https://www.nnc.gov.ph/phocadownloadpap/userupload/Ro5-webpub/DOH%20DM%202020-0246%20Interim%20Guidelines%20on%20Tobacco%20Control%20in%20Light%20of%20the%20COVID-19%20Pandemic.pdf>
12. Department of Health Department Memorandum No. 2020-0346, otherwise known as "*Advice on the Use of Masks During the COVID-19 Pandemic*" dated August 11, 2020
<https://dmas.doh.gov.ph:8083/Rest/GetFile?id=656409>
13. Department of Health Department Memorandum No. 2020-0512, otherwise known as "*Revised Omnibus Interim Guidelines on Prevention, Detection, Isolation, Treatment and Reintegration Strategies for COVID-19*" dated November 26, 2020
<https://doh.gov.ph/sites/default/files/health-update/dm2020-0512.pdf>
14. Department of Health Department Memorandum No. 2021-0099, otherwise known as "*Interim Omnibus Guidelines of the National Vaccine Deployment Plan for COVID-19*" dated February 23, 2021
<https://doh.gov.ph/sites/default/files/health-update/dm2021-0099.pdf>

15. Department of Health Department Memorandum No. 2021-0116 entitled "*Interim Guidelines on the Identification and Utilization of COVID-19 Vaccination Sites*" dated February 16, 2021

<https://doh.gov.ph/sites/default/files/health-update/dm2021-0116.pdf>

16. Department of Health Department Memorandum No. 2021-0259, otherwise known as, "*Implementing Guidelines for Priority Groups A4, A5 and Further Clarification of the National Deployment and Vaccination Plan for COVID-19 Vaccines*" dated May 31, 2021

<https://doh.gov.ph/sites/default/files/health-update/dm2021-0259.pdf>

17. Department of Health Department Memorandum 2021-0285, also known as the "*Implementation of the Use of the COVID-19 Case Investigation Form Version 9*". dated May 25, 2021

https://drive.google.com/file/d/1H9aPwCne_0caW8YBvnJGXn6UgzPLZ9tj/view

18. Department of Labor and Employment Department Order No. 224-21 *Guidelines on Ventilation for Workplaces and Public Transport to Prevent and Control the Spread of COVID-19* dated March 9, 2021

<https://www.dole.gov.ph/news/do-224-21-guidelines-on-ventilation-for-workplaces-and-public-transport-to-prevent-and-control-the-spread-of-covid-19/>

19. DOLE-DOH-DILG-DOT-DT1 JOINT MEMORANDUM CIRCULAR NO. 21-01 Series of 2021 "*Implementing Guidelines Of The Safety Seal Certification Program*" dated April 23, 2021

https://dtiwebfiles.s3-ap-southeast-1.amazonaws.com/COVID19Resources/COVID-19+Advisories/04232021_Joint+Memorandum+Circular+No.+21-01.pdf

20. DTI-DOLE Joint Memorandum Circular No. 20-04-A entitled "*DTI And DOLE Supplemental Guidelines On Workplace Prevention And Control Of Covid-19*" dated August 15, 2020

<https://www.officialgazette.gov.ph/downloads/2020/07/jul/20200815-JOINT-MEMORANDUM-CIRCULAR-NO-20-04-A-S-2020.pdf>

21. Executive Order No. 26 (s. 2017) "*Providing for the Establishment of Smoke-free Environments in Public and Enclosed Places*" dated May 16, 2017

https://doh.gov.ph/sites/default/files/health_advisory/mc2017-0018.pdf

22. Executive Order No. 106 (s. 2020) entitled “*Prohibiting the Manufacture, Distribution, Marketing and Sale of Unregistered and/or Adulterated Electronic Nicotine/Non-nicotine Delivery Systems, Heated Tobacco Products and other Novel Tobacco Products*” dated February 26, 2020

<https://www.officialgazette.gov.ph/downloads/2020/02feb/20200226-EO-106-RRD.pdf>

23. Interagency Task Force for Emerging and Infectious Diseases (IATF-EID) *Omnibus Guidelines on the Implementation of Community Quarantine in the Philippines with Amendments as of August 6, 2021*

<https://www.officialgazette.gov.ph/downloads/2021/07jul/20210806-OMNIBUS-RRD.pdf>

24. Interagency Task Force for Emerging and Infectious Diseases (IATF-EID) Resolution No. 128-A (s. 2021) dated July 22, 2021

<https://www.officialgazette.gov.ph/downloads/2021/07jul/20210722-RESO-IATF-128-A-RRD.pdf>

25. National Task Force Against COVID-19 - *National Action Plan Against COVID-19 (NAP-COVID19)* dated/ signed December 29 2020

https://iatf.doh.gov.ph/?page_id=815

https://iatf.doh.gov.ph/wp-content/uploads/2021/02/Signed-NAP-COVID19-Phase-III_1612953014.pdf

26. Philhealth Circular No. 2020-0017 entitled “*Benefit Package for SARS-COV-2 testing using RT-PCR (Revision 1)*” dated June 25, 2020

<https://www.philhealth.gov.ph/circulars/2020/circ2020-0017.pdf>

27. Philippine COVID-19 Living Recommendations (Updated May 28, 2021)

<https://www.psmid.org/philippine-covid-19-living-recommendations/>

28. Philippine Sports Commission, Games and Amusements Board, and Department of Health Joint Administrative Order No. 2020-0001 also known as “*Guidelines on the Conduct of Health-Enhancing Physical Activities and Sports during the COVID-19 Pandemic*” dated July 27, 2020

https://doh.gov.ph/sites/default/files/health_advisory/DOH%20GAM%20PSC%20-%20JAO%202020-0001.pdf

29. Research Institute for Tropical Medicine (RITM) - Kit Evaluation

<https://ritm.gov.ph/covid-19-kit-evaluation/>

30. Republic Act No. 10173 "Data Privacy Act of 2012"

<https://www.privacy.gov.ph/data-privacy-act/>

31. Republic Act No. 11332, "Mandatory Reporting of Notifiable Diseases and Health Events of Public Health Concern Act"

<https://www.officialgazette.gov.ph/2019/04/26/republic-act-no-11332/>
https://lawphil.net/statutes/repacts/ra2019/ra_11332_2019.html

32. Republic Act No. 11525 otherwise known as "COVID -19 Vaccination Program Act of 2021" dated February 26, 2021

<https://www.officialgazette.gov.ph/2021/02/26/republic-act-no-11525/>

33. World Health Organization (WHO) *Cleaning and disinfection of environmental surfaces in the context of COVID-19* (16 May 2020)

[https://www.who.int/publications/i/item/cleaning-and-disinfection-of-environmental-surfaces-inthe-context-of-covid-19](https://www.who.int/publications/i/item/cleaning-and-disinfection-of-environmental-surfaces-in-the-context-of-covid-19)